

LOUISIANA DEPARTMENT OF TRANSPORTATION AND DEVELOPMENT

BASE COURSE CENTRAL MIX PLANT CERTIFICATION REPORT

District: _____

Plant: _____

Name	Number
Name	Matt Plant Code
Make	Model/Serial No.
Location	Parish
Owner	
Mailing Address	

Plant Type: Batch Continuous Capacity: _____ Yd³/Hr _____ Tons/Hr

Date: _____

Remarks: _____

Inspected By: _____
Signature

Date:

Approved By: _____
District Laboratory Engineer

Date:

MATERIAL STORAGE AND HANDLING

SOILS, AGGREGATES, OR SOIL/AGGREGATES

STOCKPILES Building Method: Dozer Loader Dragline Other: _____ Describe

Remarks: _____

Material:		Material:	
Approved Source:	<input type="checkbox"/> yes <input type="checkbox"/> no	Approved Source:	<input type="checkbox"/> yes <input type="checkbox"/> no
Satisfactory Drainage:	<input type="checkbox"/> yes <input type="checkbox"/> no	Satisfactory Drainage:	<input type="checkbox"/> yes <input type="checkbox"/> no
Separation:	<input type="checkbox"/> spacing <input type="checkbox"/> partitions	Separation:	<input type="checkbox"/> spacing <input type="checkbox"/> partitions
Contamination:	<input type="checkbox"/> yes <input type="checkbox"/> no	Contamination:	<input type="checkbox"/> yes <input type="checkbox"/> no
Segregation:	<input type="checkbox"/> yes <input type="checkbox"/> no	Segregation:	<input type="checkbox"/> yes <input type="checkbox"/> no
Uniform:	<input type="checkbox"/> yes <input type="checkbox"/> no	Uniform:	<input type="checkbox"/> yes <input type="checkbox"/> no

SOILS, AGGREGATES, OR SOIL/AGGREGATES (Continued)

Material: _____

Approved Source: yes no

Satisfactory Drainage: yes no

Separation: spacing partitions

Contamination: yes no

Segregation: yes no

Uniform: yes no

Remarks: _____

Material: _____

Approved Source: yes no

Satisfactory Drainage: yes no

Separation: spacing partitions

Contamination: yes no

Segregation: yes no

Uniform: yes no

CEMENT

Approved Source: yes no

Number of Storage Silos: _____ Adequate: yes no

Cements in Same Silo from Same Source: yes no

Cements From More Than One Source In Storage: yes no

Remarks: _____

LIME

Type: Hydrated Pelletized Quicklime Slurry

Approved Source: yes no Approved Blending Process: yes no

Remarks: _____

Other Additives: Type:

Approved Source: yes no Approved Blending Process: yes no

Remarks: _____

WATER

Potable: yes no Approved Source: yes no

Remarks: _____

STORAGE EQUIPMENT

BINS: Loading Method: dragline loader belt conveyor

Other: _____

Number of Bins: _____

- Partitions Extend 1 Ft Above Bins: yes no N/A
- Individual Bin For Each Material: yes no
- Number of Bins Adequate for Production: yes no
- Designed for Efficient Discharge: yes no
- No Material Accumulation In Corners: yes no
- Free of Holes: yes no
- Load Without Segregation: yes no
- Discharge Without Segregation: yes no
- Vibrators Working: yes no N/A
- Bins Leak Free: yes no
- Automatic Cutoff for Material Flow Interruption: yes no
- Type of Discharge Gate: clam shell other

(overhead storage bins)

Individual Cold Feed Gates: _____ Describe Other _____

- Rectangular: yes no
- Positive Mechanized Adjustment: yes no
- Locks in Position: yes no

Proportioning by Cold Feed: Applicable Not Applicable
 Determined by: Belt Speed Gate Opening

- Calibration Curve/Each Bin per Material Type Used: yes no
- Automatic Shut-off on Each Bin: yes no
- Adjusted & Operating Correctly: yes no

Platforms and Ladders Safe and Adequate: yes no

Remarks: _____

SILOS: Number of Silos: _____ Capacity of Each: _____ (tons)

- Weatherproof: yes no
- Holes: yes no
- Individual Silo For Each Material: yes no
- Number of Silos Adequate for Production: yes no
- Designed for Efficient Discharge: yes no
- Vibrators: yes no
- Air: yes no
- Feed Controlled to Proper Percentage: yes no
- Leaks: yes no
- Excessive Dusting: yes no
- Platforms and Ladders Safe and Adequate: yes no

Remarks: _____

CONVEYOR SYSTEMS

- Adequately Transport Materials: yes no
 Spillage: yes no
 Holes or Tears in Belts: yes no
 Platforms & Ladders - Meet Safety Standards: yes no
 - Cover Inspection Points: yes no
 Material Diversion System (each component): yes no

Remarks: _____

MEASURING DEVICES*

	Water	Cement	Lime	Soils/Aggregate	Additive
Make					
Type					
Capacity					
Graduation					
Date Calibrated					
Max. Error, %					

- Protected: yes no
 Clean: yes no
 Zero: yes no
 Visible to Operator: yes no
 Certification Report for Scales & Meters on File: yes no
 Water Measuring Device Accurate to 1% of Measured Quantity: yes no
 Water Meter - Maximum Graduation is 1 gal: yes no
 Additives measured to 3% of required weight: yes no

Remarks: _____

* Volumetric Calibrations will be documented in a field book.

PLATFORM SCALES

Make: _____ Capacity: _____ (tons)

Date Calibrated: _____ Maximum Error, %: _____
 Type Panel Indicated: _____

- Sufficient Length to Weigh Entire Unit at One Time: yes no
 Prints Tare Weight: yes no
 Prints Total Weight of Mixture: yes no
 Prints Total Weight of Mixture & Unit: yes no

Remarks _____

PUGMILL

Type: Batch Continuous

Rated Capacity: _____ cu yd/hr

Number of Shafts: _____

Mixing Time (Batch): _____ raw

Mixing Time (Batch): _____ w/ cement _____ w/lime

- | | | |
|--|------------------------------|-----------------------------|
| Paddles All In Place: | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| Paddles In Good Condition: | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| Liner In Good Condition: | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| Spray Bar Operating: | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| Uniform Moisture/Cement Blend: | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| Mixes Without Segregation: | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| Platforms and Ladders Safe and Adequate: | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| No Gate Leaks: (Batch Plant Only) | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| Positive Gate Lock During Mixing: (Batch Plant Only) | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| Soil/Aggregate Feeder Interlocked with Cement, Additives & Water Feed: | <input type="checkbox"/> yes | <input type="checkbox"/> no |

Remarks: _____

SAMPLING PLATFORM

- | | | |
|----------------------|------------------------------|-----------------------------|
| Sturdy: | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| Acceptable Location: | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| Safe: | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| Satisfactory: | <input type="checkbox"/> yes | <input type="checkbox"/> no |

Remarks: _____

PLANT LABORATORY

Size: Length _____ ft Width _____ ft Area _____ sq ft
Number of Doors: _____ No. of Windows: _____

PLANT LABORATORY (Continued)

- | | | |
|---|------------------------------|-----------------------------|
| Acceptable Location: | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| Proper Construction: | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| Dedicated to Testing Personnel/DOTD & Contractor: | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| Air Conditioned: | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| Heated: | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| Weatherproof: | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| Adequate Power Outlets: | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| Adequate Electric Lights: | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| Fume Hood With Exhaust Fan Suitably Located: | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| Running Water: | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| Desks, Work Benches, Chairs, File Cabinets: | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| Approved Sanitary Facilities (toilet & basin): | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| Quality Control Equipment: | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| Suitable Locks With Keys: | <input type="checkbox"/> yes | <input type="checkbox"/> no |

Remarks: _____

TESTING EQUIPMENT

All contractor's testing equipment calibrated and approved in accordance with current DOTD requirements:

- yes no

All equipment in-place and approved prior to production: yes no

PERFORMANCE

Plant produces mixture that meets specifications: yes no

Remarks: _____

